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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar facet block L1-3 left side first day, L2-3 right side second day

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience, including Pain Management.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured on xxxx when lifting. The claimant was diagnosed with post laminectomy syndrome.

Office evaluation. Claimant reported pain at all times. ADL's has decreased. Aggravating factors are stress, standing, walking, stooping, leaning, bending, cold packs, turning, and weather changes. **Cervical spine exam:** Palpation: the scalp has no tenderness and the occiput has not tenderness. The mastoid process has no tenderness. **Facet Joints:** tenderness, bilateral, C4-5, C5-6, C6-7, C7-T1, neck, with pscudodematomal radiation (no radicular) into neck, shoulder, arm. **ROM:** lateral bending: right 15, left15. Extension: 15. Flexion: 40. Rotation: right 30, left 45. Factors: active painful ROM. **Thoracic and lumbar exam:** Lumbar facet joints: right, with tenderness, back L1-2, L2-3, L3-4, L3-S1, with pseudo dermatomal radiation. (no radicular), back, sacroiliac joint, buttock, hip, thigh, leg. Sacroiliac joints: left, right, with tenderness, sacroiliac joint, with pscudodermatomal radiation (no radicular), back, buttock. **Peripheral joints scanning:** internal rotation of llip: positive, bilateral. External rotation of llip: positive, bilateral. **Special test:** straight leg raising: positive bilateral. Tripod sign: positive bilateral. Gaenslen's: positive bilateral. Forward flexion: 8, right lateral flexion:8, right lateral bending 6+, right rotation hyperextension 9+, extension: 9, left lateral bending: 6+, left lateral flexion: 8+. **ROM:** left flexion: 5, right flexion: 5, flexion: 30, extension -5, factors: spasm, active painful ROM.

Office visit. Claimant was seen follow up. Claimant reported pain in middle of back, hips, butt, most pain in rt hip, neck stiffness. Pain level 7-8/10 before medications, pain then decreased to 5-6/10 after medications. **Medications:** Zanaflex, Tylenol #3.

UR. Rationale for denial: The claimant is female who was injured on, when lifting. The claimant was diagnosed with post laminectomy syndrome. A lumbar fusion and laminectomy was performed in. Treatment includes prior PT of an unspecified amount. An evaluation on, documented complaints of low back pain and muscle spasms. Patellar reflexes were 1+. The remainder of lower extremity reflexes were 2+ and equal. There was tenderness over the lumbar facet joints, left greater than right from L1=S1. Tenderness to palpation of the sacroiliac joints, left greater than right was noted. The claimant was unable to perform heel/toe walking. Straight leg raise testing was negative. There is no documentation of home exercise program, pt, or use of nonsteroidal anti-inflammatory drugs prior to the requested procedure for at least four to six weeks. The request for lumbar facet blocks at L1-L3 on the left side on the first day and the right side on the second day is not certified.

UR. Rationale for denial: The request was previously noncertified on, due to lack of failure of conservative treatment. Additional documentation was not provided. The requested remains noncertified. The Guidelines would not support lumbar facet injections on a therapeutic basis. There is no documentation of full exhaustion of conservative treatment, as recommended by the Official Disability Guidelines, such as home exercise program, formal physical therapy progress notes, or use of nonsteroidal anti-inflammatory medications prior to the requested procedure. The appeal request for lumbar facet block at L1-L2, L2-L3, on the left side the first day and L2-L3 on the right side the second day is non certified.

Office visit. Claimant reported pain level 7/10. Claimant reported intense, severe, sore, tight, pin and needle sensation, muscle spasm, pressure, tender. Claimant has pain at all times. **Special test:** straight leg raising: positive bilateral. Tripod sign: positive bilateral. Gaenslen's: positive bilateral. Forward flexion: 8, right lateral flexion:8, right lateral bending 6+, right rotation hyperextension 9+, extension: 9, left lateral bending: 6+, left lateral flexion: 8+. **ROM:** left flexion: 5, right flexion: 5, flexion: 30, extension -5, factors: spasm, active painful ROM. Right lateral bending: 6+, Right rotation hyperextension: 5+, extension: 5+, left rotation hyperextension 5+, left lateral bending: 6+, left lateral flexion: 5+. **Medications:** Tirosint 75mg, Asper drink 81mg, Exforge 10mg, Movantik, Zanaflex 4mg, Tylenol-Codeine 30mg.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous determination has been upheld. The request was previously noncertified on due to lack of failure of conservative treatment. ODG would not support lumbar facet injections on a therapeutic basis. There is no documentation of full exhaustion of conservative treatment such as home exercise program, formal physical therapy progress notes, or use of NSAIDs and their efficacy. Office visit notes from were provided but do not document failure of conservative therapy. Therefore, request for lumbar facet block at L1-L2, L2-L3, on the left side the first day and L2-L3 on the right side the second day is non-certified.

ODG Guidelines:

Criteria for the use of diagnostic blocks for facet "mediated" pain:
Clinical presentation should be consistent with facet joint pain, signs & symptoms.
1. One set of diagnostic medial branch blocks is required with a response of ≥ 70%. The pain response should last at least 2 hours for Lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a "sedative" during the procedure.
8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.

9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)]

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**